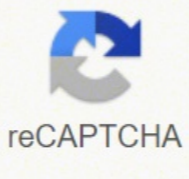




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**Next**

**Employee and Department Responsibilities and  
Instructions for Completion of Military Leave Request Form**

1. Falsification of this request, or any documentation provided to support this request, is cause for immediate dismissal.
2. I understand that no later than two (2) weeks before my scheduled date to return to work or by the date stated in my leave letter, I **must** complete and submit the Intent to Return to Work Form. If I am not returning on the date stated on my request form, I must request an extension of this leave of absence, or I must submit my written resignation. Any issues in obtaining forms or documentation by the date provided in my leave approval letter must be reported to my supervisor and/or the HR Leave Coordinator prior to the deadline for the submission of documentation in order for me to be in compliance with the university's leave procedure.
3. **This request for leave must have Departmental Approval/Signature by the Chair and Dean for Faculty or by the Supervisor and Director/Dean for USPS and A&P. I will submit the request to my supervisor.**
4. I understand it is my responsibility to cancel, change or pay my insurance premiums during my military leave. To cancel or change coverage I must contact People First directly at 1-866-663-4735 within 60 days of the start of my military leave. If I do cancel or change my benefits I must contact People First directly within 60 days of the end of my leave to reinstate any cancelled benefits I wish to retain. If I choose not to cancel my benefits, and I am on unpaid leave, I must contact the HR Benefits section immediately at 407-823-2771 to make arrangements to pay my insurance premiums or my benefits will be suspended and unusable until all back payments are received and processed.
5. I understand I am entitled to reinstatement to my position or to an equivalent position following separation from active duty as long as I return within the time lines established under USERRA. I am entitled to all seniority rights, performance ratings and promotional status.
6. If this is the first time you are requesting a military leave of absence check the *new leave of absence* box; if you have already submitted a request for this leave, but the dates for the leave of absence or other information has changed since the original request was submitted, check *revision of original request*; if you are requesting an extension of a previously approved military leave of absence that is ending, check the *extension of leave* box.
7. **Please do not leave any sections blank.** Enter your department name, College/Division, Employee Identification number, position title, and check the appropriate pay plan to indicate whether you are a USPS, A&P, or Faculty employee. Enter your last name, first name, and middle initial. Enter your home mailing address, home email address and campus email address. Enter your campus phone number, home phone and cell phone numbers (including area codes).
8. Check the type of military leave you are requesting and be sure to attach the proper documentation (Orders, Certifications, or other documentation you deem necessary). A copy of your written military orders must be submitted as soon as possible but no later than 30 days after the start of this leave.
9. Check the type of leave you will use while on military leave. For active military duty you are eligible to use up to 30 calendar days of administrative leave. When absent for military training (active or inactive duty), an employee may use up to 240 hours of administrative leave per fiscal year. After exhausting administrative leave, employees may be on leave without pay or use their accrued annual and/or compensatory leave.
10. This form must be signed by the employee, supervisor and/or chair, dean and/or director. The final approval/denial authority for a military leave of absence has been delegated to the Director of Human Resources.
11. **When you return from an active duty military leave of absence you must provide a copy of your discharge papers to your HR Leave Coordinator to ensure that you receive appropriate retirement credit and leave accruals for your period of active military service.**
12. **Please note that the department must process an ePAF when an employee returns to work from a military leave of absence in order to return the employee back to active pay status.**

You will receive notification of approval/denial of the requested leave of absence via email (if address is provided) and regular mail. Questions regarding this form should be directed to the Leave Administration Section at 407-823-2771 or you may email questions to [loandworkcomp@ucf.edu](mailto:loandworkcomp@ucf.edu).

Revised Dec 2013

Military Leave Instructions

**MILITARY LEAVE REQUEST FORM**

**Instructions:** Return completed form with a copy of your military orders attached to your agency HR Office prior to the start of your leave/deployment.

Employee Name: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Division/Unit \_\_\_\_\_

I request Military Leave beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (projected).

**Paid Leave while on Military Leave**

While an employee is on military leave, the employee may use paid military leave or accrued leave (vacation, personal leave, or compensatory time) at the employee's option. This applies only to accrued leave that has been earned before the period of service begins. I am requesting to use the leave identified below. Requested hours may not exceed my current leave balance. If the "Hours Requested" areas are blank, I am requesting 0 hours. If the "Order of Usage" is blank, I will allow my agency to determine the order. However, I understand that unless otherwise indicated in the "Order of Usage" my agency will use my 176 hours\* of paid military leave or any remaining portion thereof before it uses any of my accrued leave. If I have opted to use leave intermittently throughout my absence, I have provided a schedule/calendar to my agency. If no schedule has been submitted, other leave requested will be used immediately following my 176 hours\* of paid military leave.

Leave Type	Current Leave Balances** (available prior to period of service)	Hours Requested	Order of Usage (immediately following 176 hours of paid military leave)
Paid Military Leave			
Vacation			
Personal Leave			
Compensatory Time			
Holiday Leave (Firefighters ONLY)			

**Continuation of Health Insurance (please initial one)**

\_\_\_\_\_ I do desire to retain my health insurance during this period.  
\_\_\_\_\_ I do not desire to retain my health insurance or I currently have no insurance. If I have elected to not retain my health insurance, my current coverage will end on \_\_\_\_\_.

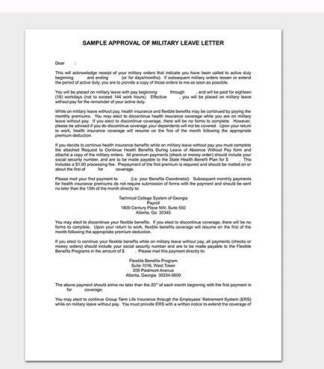
I have attached a copy of my military orders or a copy of a letter from my military commander for the above listed dates. I have read the union contract and/or Sections 5903, 5923.05, ORC, 123:1-34-04-05, OAC.

(Employee Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Agency Contact\*\* \_\_\_\_\_ Phone\*\* \_\_\_\_\_

You have full reinstatement rights after release from active duty **if** you submit a written request for reinstatement within 90 days from completion of service.

\*408 hours for Firefighter/EMT public employees  
\*\*Completed by Agency Human Resource Office



**APPLICANT'S INFORMATION**

Employee Name: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Division/Unit: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Pay Plan: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Campus Email: \_\_\_\_\_  
Home Email: \_\_\_\_\_

**LEAVE INFORMATION**

Requesting Leave Type: \_\_\_\_\_  
Beginning Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_  
Hours Requested: \_\_\_\_\_

**ORDER OF USAGE**

Order of Usage: \_\_\_\_\_

**HEALTH INSURANCE**

Continuation of Health Insurance: \_\_\_\_\_

**AGENCY APPROVAL**

Supervisor/Chair/Dean Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**EMPLOYEE SIGNATURE**

Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



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